

## **HAWAII STATE ETHICS COMMISSION** 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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## LOBBYIST REGISTRATION FORM ETHICS COMMISSION (Type or Print Clearly)

	(Type or Prin	( Clearly)	
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
TAKITANI	ANTHONY	P.	(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. Church Street, Suite 409			(808) 244-4021
(City)	(State)	(Zip Code)	
Wailuku, Maui	HI	96793	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Takitani & Agaran, Law Corporations			(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. Church Street, Suite 409			(808) 244-4021
(City)	(State)	(State) (Zip Code)	
Wailuku, Maui	HI	HI 96793	

DARTH ORGANIZATION			
PART II ORGANIZATION  NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE (808) 879-5375	
ROD LLC			
MAILING ADDRESS (Street)			
635 Kenolio Road		(808) 879.5159	
(City)	(State)	(Zip Code)	
Kihei, Maui	HI	96753	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
DWAYNZ BET	3144	(808) 879-5375	
MAILING ADDRESS (Street)		FAX	
635 Kenolio Road		(808) 879.5159	
(City)	(State)	(Zip Code)	
Kihei, Maui	HI	96753	

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PART III DESCRIPTION	ON OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBB	Y	
✓ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation	
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	<b>✓</b> Housing	Public Safety & Corrections		
PART IV CERTIFICAT				
I hereby cértifly that	the information furnished above  7	re is, to the best of my knowled	lge, correct and complete.	
	(Signature of Lobbyist)		(Date)	
PART V AUTHORIZA	TION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED	
DWAYNE BETSILL		Men	MEMBER	
NAME OF ORGANIZATION (i	f applicable)		TELEPHONE	
ROO LLC	•		(808) 879-5375	
MAILING ADDRESS (Street)			FAX	
635 Kenolio Road			(808) 879-5159	
(City)	(State)		(Zip Code)	
Kihei, Maui	HI		96793	
I hereby authorize th	e above a named person to en	gage in lobbying activities on b	behalf of the undersigned. A - ( フ - ぃ フ	
	(Signature of Authorizing Officer or Person Represented)			